










OxTREC reference: 528-17

ANTIBIOTICS AND ACTIVITY SPACES

1. Village Checklist (GPS coordinates of village and facilities) (to be completed by supervisor)		
What kind of facility would you like to record?		
A. District Number		[code entered automatically]
B. Village Number		[code entered automatically]
C. Village centre	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
D. Village head's house	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
E. Local shop	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
F. Market	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
G. Temple	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
H. School	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
I. Bus stop	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
J. Health facility Specify (public, private, pharmacy, local store, traditional healer, etc.): _____	a) Latitude	[coordinates entered automatically]
	b) Longitude	[coordinates entered automatically]
	c) Who is staffing the facility?	Total staff: ____ Staff at time of visit: _____
	d) Does the provider have antibiotics available?	Yes 1 No 0

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Interview data [Record observation]																								
i. District Number		[code entered automatically]																						
ii. PSU Number		[code entered automatically]																						
iii. Household number		Number: _____																						
iv. Household coordinates	a) Latitude	[coordinates entered automatically]																						
	b) Longitude	[coordinates entered automatically]																						
v. What type is this house most similar to?		<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; justify-content: space-around; width: 100%;">    </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>1...</div> <div>2...</div> <div>3...</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;">    </div> <div style="display: flex; justify-content: space-around; width: 100%;">    </div> </div>																						
vi. Time of visit	a) First visit	[time entered automatically]																						
	b) Second visit	[time entered automatically]																						
List all persons aged 18+ years in household <p>Hello, I'm a researcher working for the Mahidol-Oxford Tropical Medicine Research Unit. We are interested in the lives and health behaviours of villagers across Thailand and Lao PDR. We are selecting participants randomly and would like to choose one or two members of your household. In order to choose and ask them to participate, could you please tell us who lives here? [provide PIS on request]</p> <p>[1 respondent per every 5 household members will be selected randomly from this list]</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Nickname</th> <th>Sex (M / F)</th> <th>Age</th> <th>Available for interview today? (Yes / No)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Name	Nickname	Sex (M / F)	Age	Available for interview today? (Yes / No)															
Name	Nickname	Sex (M / F)	Age	Available for interview today? (Yes / No)																				
Statement of consent (Respondent will receive participant information sheet and verbal consent will be taken) <p>Thank you for participating. You will receive a small token of gratitude for your participation at the end of the interview.</p>																								
vii. Date of interview		[date entered automatically]																						
viii. Time of interview begin		[time entered automatically]																						
ix. Respondent name		Respondent name: _____																						
x. Interviewer code		[code entered automatically]																						
Part I: Personal and Household Characteristics <p>Let us begin with a few questions about yourself and your household.</p>																								
1. [record as observed] Sex			Female..... 1 Male 0																					
2. How old are you? [in years] [If respondent cannot give exact age, ask for approximate age and code in range: 18-24, 25-34, 35-44, 45-59, 60 and older]			Age in years: _____																					
3. Please indicate what kind of work you do. If you have more than one occupation at one time or throughout the year, please begin with the one in which you spend the most time and name up to three. If you do not have an occupation, please also mention whether you are still a student, retired, or unemployed.			a) Main occupation	Occupation: _____																				
			b) Side occupation	Occupation: _____																				
			c) Side occupation	Occupation: _____																				
4. What is your mother tongue?			Mother tongue: _____																					
5. [In Thailand:] Can you speak Thai? [In Laos:] Can you speak Lao?			Yes 1 No 0																					
6. What is the highest grade of schooling that you completed? [excluding informal education and pre-school education such as nursery and kindergarten, but including grade school, high school, vocational training, tertiary education, etc.]				Highest grade: ____																				
7. Are you the head of your household?				Yes 1 No 0																				
7.1. [if no] What is the name of your household head?				Name: _____																				

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8. What is your current marital status?	Never married..... 1 Currently married 2 Cohabiting..... 3 Separated / divorced 4 Widowed..... 5	
9. Are there any close family members of yours [children, spouse, siblings, parents] who live elsewhere? [select "no" if not applicable]	9.1. Do your parents live outside of this village? [<i>do not count parents-in-law</i>]	At least 1 person outside village 1 All inside village / not applicable.... 0
	9.2. Does your spouse live outside of this village?	At least 1 person outside village 1 All inside village / not applicable.... 0
	9.3. Do you have siblings who live outside of this village? [<i>do not count brothers-in-law and sisters-in-law</i>]	At least 1 person outside village 1 All inside village / not applicable.... 0
	9.4. Do you have children who live outside of this village?	At least 1 person outside village 1 All inside village / not applicable.... 0
Part II: Social Networks [for network census villages only] I will now ask you some questions about your interactions with other people within and outside of your village.		
10. [Round I of network survey only] Where do you spend most of your time interacting with other people from your village?	a) Field: ____ b) Temple: ____ c) Local store: ____ d) Market: ____ e) Children's schools: ____ f) Home: ____ g) Workplace: ____ h) Village event/s: ____ i) Other site: ____	

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11. [Round I of network survey only] Outside your household, with whom do you interact on a regular basis? (May be anyone from both inside and outside of the village, and through any platform which might not require a face-to-face interaction)								
	a) What is the nickname of the person?	b) How is this person related to you? [give examples if respondent is unsure about answer categories]	c) What is the sex of this person?	d) Where does this person live?	e) What is the name of the household head of this person?	f) How often do you interact with this person?	g) How do you interact with this person? [Mark all that apply]	h) Do your conversations relate to health and well-being?
11.1. Contact 1	Nickname _____ Name _____	Spouse..... 1 Parent..... 2 Child..... 3 Sibling..... 4 Other relative 5 Neighbour..... 6 Friend (if not neighbour)..... 7 Other villager 8 Other (specify) _..... 9	Female...1 Male0	In village 1 (specify: _____) Outside village .. 2	Name of household head _____	Daily or more often4 Weekly or few times/week3 Monthly or few times/month ...2 Yearly or few times/year1 Less often or never0	Face-to-face...1 Voice call.....2 Messenger3 Other (specify) _____4	Yes 1 No 0
11.2. Contact n	Nickname Name	1 2 3 4 5 6 7 8 9	1 0	1 2	Name	0 1 2 3 4	1 2 3 4	1 0
11a. [Round II of network survey only] When we last visited you, you told us that you interact regularly with [names]. Has anything changed since last time?				Yes1 No0 → [update social network question 11]				
11i. [Round I of network survey only] Is there anybody in your household with whom you talk about health and well-being? [Mark all that apply]				[mark all names from household roster that apply]				

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[For network survey village respondents in Round 2]			
12. An education activity has recently taken place in your village.			
12.1. Did you participate in any of the activities?	Yes	1	
	Yes, but not throughout.....	2	
	No	3	
	Don't know / prefer not to say	4	
12.2. Did you talk with anybody about the activity in your village? [“Talking” can involve any conversation including asking for information, informing about the educational activity, or discussing it (regardless of actual attendance)]	a) Nickname 1: _____ b) Full name 1: _____ c) Relationship 1: 1 2 3 4 5 6 7		
	a) Nickname n: _____ b) Full name n: _____ c) Relationship n: 1 2 3 4 5 6 7		
	[Relationship codes]		
	Household member	1	
	Family member outside HH.....	2	
	Other relative	3	
	Neighbour.....	4	
	Friend other than neighbour	5	
	Other villager.....	6	
	Other (specify) _	7	
[If respondent indicates conversation in Q 12.2]			
12.3. What subjects did you talk about in respect to the activity? [mark all that apply]	Going to doctor when sick.....	1	
	Anti-inflammatories/antibiotics	2	
	Germs.....	3	
	Using medicines correctly.....	4	
	Activity in general.....	5	
	Games/awards.....	6	
	Song/Story/Play	7	
	Money/compensation.....	8	
	Other (specify) _____	9	
Part III: Healthcare Seeking Thank you for this. Now we come to a part where I will ask you some questions about health and health providers around here.			
13. I would now like to ask you about the sources of health advice and medicine or other treatment that are available to you. Please think about all the places where you can go to get advice, treatment, or drugs if you (or your children) are sick. Do you consider the following providers when you (or your children) feel unwell? [Mark all that apply]	13.1. Drug dispensary, other local store selling medicine	Consultation	1
		Medical advice.....	2
		Access to medicine.....	3
		Other reason(s)	4
		Don't consider this provider.....	98
	13.2. Traditional healer	Consultation	1
		Medical advice.....	2
		Access to medicine.....	3
		Other reason(s)	4
		Don't consider this provider.....	98
	13.3. Pharmacist	Consultation	1
		Medical advice.....	2
		Access to medicine.....	3
		Other reason(s)	4
Don't consider this provider.....		98	
13.4. Private clinic	Consultation	1	
	Medical advice.....	2	
	Access to medicine.....	3	
	Other reason(s)	4	
	Don't consider this provider.....	98	
13.5. Private hospital	Consultation	1	
	Medical advice.....	2	
	Access to medicine.....	3	
	Other reason(s)	4	
	Don't consider this provider.....	98	
13.6. Health volunteer	Consultation	1	
	Medical advice.....	2	
	Access to medicine.....	3	
	Other reason(s)	4	
	Don't consider this provider.....	98	
13.7. Public primary care unit	Consultation	1	
	Medical advice.....	2	
	Access to medicine.....	3	
	Other reason(s)	4	
	Don't consider this provider.....	98	
		Don't know such a provider	99

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	13.8. Public hospital	Consultation	1
		Medical advice.....	2
		Access to medicine.....	3
		Other reason(s)	4
		Don't consider this provider	98
		Don't know such a provider	99
	13.9. Other providers or Internet? Specify: _____	Consultation	1
		Medical advice.....	2
		Access to medicine.....	3
		Other reason(s)	4
		Don't consider this provider	98
		Don't know such a provider	99

14. Now if you think again, is there anyone else with whom you talk about health?								
	a) What is the nickname of the person?	b) What is the full name of the person?	c) How is this person related to you? <i>[give examples if respondent is unsure about answer categories]</i>	d) What is the sex of this person?	e) Where does this person live?	f) What is the name of the household head of this person?	g) How often do you interact with this person?	h) How do you interact with this person? <i>[Mark all that apply]</i>
14.1. Contact 1	Name _____	Name _____	Spouse..... 1 Parent 2 Child 3 Sibling..... 4 Other relative 5 Neighbour 6 Friend (if not neighbour)..... 7 Other villager 8 Other (specify) _ 9	Female ..1 Male0	In village 1 (specify: _____) Outside village .. 2	Name of household head _____	Daily or more often4 Weekly or few times/week3 Monthly or few times/month ...2 Yearly or few times/year1 Less often or never0	Face-to-face..... 1 Voice call..... 2 Messenger 3 Other (specify) _____ 4
14.2. Contact n	Name	Name	1 2 3 4 5 6 7 8 9	1 0	1 2	Name	0 1 2 3 4	1 2 3 4

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15. Did you or a child in your household have an acute illness (not a chronic, long-term condition that comes again and again) or an accident in the last two months? If yes, I will ask you about these illnesses one-by-one. [if no, continue with Question 19]		No.....0 → [Q 16] Yes.....1 ↓
[if yes:] 15.a [Confirm if this episode is for respondent or child]		Respondent1 → [Q 15.1] Child2
15.b How old is the child?		Age in years: _____
15.c Is the child female or male		Female1 Male0
15.1. Can you please describe the symptoms or problem in your own words?		Description of condition: _____
15.2. Did [you / the child] receive a diagnosis of the illness from any medical provide, friend, or internet source? If so, can you please describe the diagnosis of the illness if you received any and where [you / the child] received it? [note: the diagnosis might be given by any medical provider including untrained and informal. Record all diagnoses if more than one.]		a) Diagnosis 1: _____ b) Medical provider 1: 1 2 3 4 5 6 7 8 a) Diagnosis n: _____ b) Medical provider n: 1 2 3 4 5 6 7 8 [Response codes] Drug dispensary, other local store selling medicine1 Traditional healer.....2 Pharmacist3 Private clinic.....4 Private hospital5 Primary care unit6 Public hospital.....7 Other providers or Internet? Specify:8
15.3. When did [you / the child] experience the accident/discomfort (for the first time)		Onset: ____ days / ____ weeks / ____ months ago
15.4. Would you describe the illness/accident as “mild,” “moderate,” or “severe”?		Mild1 Moderate.....2 Severe3
15.5. Can you please explain the stages of the treatment? I will ask you step-by-step what you did, starting from the moment [you / the child] first experienced a discomfort.		
15.5.1. Step 1 (detection)		Step n
a) What kind of help or treatment did you get at this stage? [if unsure, specify]	Ignored /did nothing1 Self-care (sleep, rest, medicine at home)2 Care from family and friends (full-time).....3 Treated/consulted at a traditional healer4 Treated/cons. at a pharmacist5 Treated/cons. at shop selling drugs.....6 Treated/cons. at priv. clinic/hospital7 Treated/cons. at primary care unit.....8 Treated/cons. at a gvt. Hospital.....9 Other (specify) ____10	1 2 3 4 5 6 7 8 9 10
b) Where did this activity take place?	At home1 Less than 10 min. from home.....2 10 to 29 min.3 30 to 59 min.4 60 to 119 min.5 2 hours or more from home.....6	1 2 3 4 5 6
c) How did [you / the child] get to the place of the activity? [select “at home” according to prior responses]	At home1 Walk2 Own bicycle3 Own motorcycle / Three-wheeler4 Own car / four-wheeler5 Taxi or other hired ride6 Public transport.....7 Other (specify) ____8	1 2 3 4 5 6 7 8
d) How long did this stage last? [let respondent choose category; if <1 day, code “1” day]	Duration: ____ days ____ weeks ____ months	____ days ____ weeks ____ months
e) Can you please name or describe all the medicines that you received or were prescribed during this step? [include medicine stored at home if “self-care at home”] [continue for all medicines received, then complete Questions g to k for each medicine individually]	 Medicine 1: Name/description: _____ Medicine n: Name/description: _____	Medicine 1 Medicine n
f) For how long did [you / the child] take the medicine? [let respondent choose category; if more than one repeated episode, indicate total duration] [for each medicine individually]	Duration: ____ days ____ weeks ____ months	____ days ____ weeks ____ months

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g) How often per day did [you / the child] take the medicine? [calculate into daily use according to respondent's chosen frequency] [for each medicine individually]		Frequency: ____ times daily	____ times daily
h) What dosage did [you / the child] normally take? [let respondent choose category according to type of medicine] [for each medicine individually]		Dosage ____ tablets / capsules ____ drops (for liquid medicine) ____ spoons (for liquid medicine) ____ shots/injections (for intravenous medicine) per time administered	____ tablets ____ drops ____ spoons ____ shots
i) Did [you / the child] take the medicine exactly as it was recommended to you by the person who prescribed/sold them [for each medicine individually]		Yes1 No0 Did not receive advice9 Don't know99	1 2 9 99
j) Did [you / the child] finish the medicine? [for each medicine individually]		Yes1 No0	1 0
k) Did you or anybody else use a mobile phone during this stage in connection with your condition? [if no, go to next step]		Yes1 No0 → [next step]	1 0
l) What was the purpose of using the mobile phone? [Mark all that apply]	Ask for advice1 Call for treatment2 Arrange transport3 Appointment4 Reassure family/friends5 Ask for money/supplies6 Provider contacting me for information7 Treatment reminder8 Other (specify) _9		
m) Which mobile phone functions did you or anybody else use? [Mark all that apply]	Call1 SMS2 Internet, messenger3 Alarm, calendar, reminder, etc.4 Other (specify) _5		
15.6. [Have you / has the child] now recovered from the illness/accident?	Yes1 No0		
15.7. Was anybody of your personal relationships involved in providing advice or help during the illness? [record up to ten names]	Yes1 No0		
[For district survey] 15.7.b How are these people related to you? [Mark all that apply]	Spouse 1 Parent 2 Child 3 Sibling 4 Other relative 5 Neighbour 6 Friend (if not neighbour) 7 Other villager 8 Other (specify) _ 9		
15.7.c What kind of support did they provide? [Mark all that apply]	Providing healthcare/attending 11 Providing advice 12 Providing medicine 13 Lending/granting money 21 Transportation/Lending vehicle 22 Contacting family/friends 23 Providing food 31 Helping with children/housework 32 Helping with jobs/agriculture work (feeding animals/tending crops/covering shifts, etc.) 33 Other (specify) _ 99		
[For network survey]	a) What is the name of the person?	b) How is this person related to you?	c) What kind of support was provided? [mark all that apply]
15.7.1. Contact 1	Name: _____	Spouse 1 Parent 2 Child 3 Sibling 4 Other relative 5 Neighbour 6 Friend (if not neighbour) 7 Other villager 8 Other (specify) _ 9	Providing healthcare/attending 11 Providing advice 12 Providing medicine 13 Lending/granting money 21 Transportation/Lending vehicle 22 Contacting family/friends 23 Providing food 31 Helping with children/housework 32 Helping with jobs/agriculture work (feeding animals/tending crops/covering shifts, etc.) 33 Other (specify) _ 99
15.7.2. Contact n	Name	1 2 3 4 5 6 7 8 9	11 12 13 21 22 23 31 32 33 99

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15.8. Did you have another acute illness (not a chronic, long-term condition that comes again and again) or an accident in the last two months? <i>[if yes, complete another sheet for Question 15]</i>		Yes 1 → [Q 15] No 0 ↓
16. I would now like to ask you your opinion about medicine. There are no right or wrong answers, I only want to understand what you think. Consider the following medicines:		
16.1. Have you seen these medicines before?		Yes 1 No 0 → [Q 16.4]
16.2. What do you call this medicine?	Antibiotics ຫ້ານເຮັດຍານີ້ວ່າອະໄວ 16 Anti-inflammatory ຍານກັອກເສບ 17 Germ killer ຍາຟາເຊີອ 18 Amoxy / Amoxicillin ອະມົອກຊີ/ອະມົອກຊີຊິລິນ 19 Sore throat medicine ຍາແກ້ເຈັບຄອ 20 Cough medicine ຍາແກ້ໄຂ້ 21 Pain reliever ຍາແກ້ປວດ 22 Fever reliever ຍາແກ້ໄຂ້ 23 Other (specify: _____) ອື່ນໆ (ໄປຕາມລະຫັດ) 98 Germ preventer / antibiotic ຍາຕ້ານເຊື້ອ 21 Amok ຍາຕ້ານເຊື້ອ 22 Ampi ຍາແອມປີ 23 Tetra ຍາເຕຕາ 24 Gulolam ກູໂລລາມ 25 Sepasin ເຊພາສິນ 26 Other (specify: _____) 99	
16.3. What symptoms or illnesses would you use this medicine for?	Fever 1 Cough 2 Sore throat 3 Inflammation 4 Cold, flu, runny nose 5 Diarrhoea 6 Headache 7 Stomach ache 8 Muscle pain, other aches 9 Skin diseases, rashes, lumps 10 Wounds 11 Urinary tract infections 12 Every kind of sickness 13 Whatever the doctor suggests 14 Don't know / prefer not to say 98 Other (specify: _____) 99	
16.4. Is there any situation for which you would buy this medicine?	Desirable attitude/knowledge 1 Undesirable attitude/knowledge 0 No attitude / refuse to answer (respondent is aware, but doesn't reveal attitude) 97 Answer does not apply to question (respondent may be aware/unaware; satisficing) 98 Not aware of this medicine (awkward, cannot answer but does not try to satisfy) 99	
16.5. Do you prefer other remedies such as herbs or cough syrup to this medicine for [sore throat]?	Desirable attitude/knowledge 1 Undesirable attitude/knowledge 0 No attitude / refuse to answer (respondent is aware, but doesn't reveal attitude) 97 Answer does not apply to question (respondent may be aware/unaware; satisficing) 98 Not aware of this medicine (awkward, cannot answer but does not try to satisfy) 99	
16.6. If you were prescribed this medicine by a doctor and did not finish the course, would you keep it for future use?	Desirable attitude/knowledge 1 Undesirable attitude/knowledge 0 No attitude / refuse to answer (respondent is aware, but doesn't reveal attitude) 97 Answer does not apply to question (respondent may be aware/unaware; satisficing) 98 Not aware of this medicine (awkward, cannot answer but does not try to satisfy) 99	
16.7. Have you heard about drug resistance? (16.7a using alternative term "lueng yah" in Lao)	Yes 1 No 2	
16.8. What do you think is drug resistance? (16.8a using alternative term "lueng yah" in Lao)	Bacteria are resistant to medicine 1 Antibiotics become less effective if used wrongly/too much 2 Medicine in general becomes less effective if used wrongly/too much 3 Being stubborn to take medicine 4 Being addicted to medicine 5 Drug allergy 6 Lueng yah (drug resistance) 7 Answer does not relate to drug resistance 8 Other (specify) 98 "Don't know" 99	
16.9. Can your drug resistance ("due yah") spread to other people, for example if you sneeze on them?	Desirable attitude/knowledge 1 Undesirable attitude/knowledge 0 No attitude / refuse to answer (respondent is aware, but doesn't reveal attitude) 97 Answer does not apply to question (respondent may be aware/unaware; satisficing) 98 Not aware of this medicine (awkward, cannot answer but does not try to satisfy) 99	

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Part IV: Household assets		
We now come to the last part. Can you please provide me with some information about your household?		
17. How many rooms does this house have apart from toilet and hallways?	Number of rooms: _____	
18. What is the electricity situation in your household on a typical day?	Power at all times, no power cuts (90-100%) 1 Power most of the time, occasional power cuts (>50%) 2 Power sometimes, frequent power cuts (<50%) 3 No electricity 4	
19. What kind of toilet does this house have and is it shared with other people in this community? [if more than one, choose "best" toilet] [use show card to facilitate answers]	Unshared flush toilet (e.g. piped sewer system, septic tank, pour flush toilet)..... 1 Shared (flush or non-flush) toilet with other community members or public toilet 2 No facility, Bush, Field, or others 3	
20. What is the drinking water source of this house and is it shared with other people in this community? [use show card to facilitate answers]	Water piped into house or yard..... 1 Water not directly piped into house or yard (e.g. well, borehole, water from spring, rainwater, tanker truck, surface water including rivers, bottled water, etc.)2	
21. What kind of fuel does this household use for cooking?	Improved fuel source (e.g. Electricity, gas stove, etc.) 1 Unimproved fuel source (e.g. Coal / Lignite, Charcoal, Wood, Straw / Shrubs / Grass, Animal dung, Agricultural crop residue) 2 No food cooked in household 3	
22. I will now ask you for some items in your household. Please tell me...	Number of items in household: _____	
	22.1. Have you got a <i>functioning</i> radio in your household? If so, how many?	_____
	22.2. Have you got a <i>functioning</i> TV in your household? If so, how many?	_____
	22.3. Have you got a <i>functioning</i> rice cooker in your household? If so, how many?	_____
	22.4. Have you got a <i>functioning</i> landline telephone in your household? If so, how many?	_____
	22.5. Have you got a <i>functioning</i> mobile phone in your household? If so, how many?	_____
	22.6. Have you got a <i>functioning</i> computer in your household? If so, how many?	_____
	22.7. Have you got a <i>functioning</i> bicycle in your household? If so, how many?	_____
	22.8. Have you got a <i>functioning</i> scooter, motorcycle, or tricycle in your household? If so, how many?	_____
	22.9. Have you got a <i>functioning</i> car or truck in your household? If so, how many?	_____
	22.10. Have you got a <i>functioning</i> tractor in your household? If so, how many?	_____
22.11. Have you got a <i>functioning</i> refrigerator or freezer in your household? If so, how many?	_____	
23. How long does it normally take you to get to the following places?	23.1. How long does it take to get to the nearest market?	Less than 10 minutes 1 10 to 29 minutes 2 30 to 59 minutes 3 60 to 119 minutes 4 2 hours or more..... 5
	23.2. How long does it take to get to the village hall or the village head's house?	Less than 10 minutes 1 10 to 29 minutes 2 30 to 59 minutes 3 60 to 119 minutes 4 2 hours or more..... 5
	23.3. How long does it take to get to the nearest public or private doctor?	Less than 10 minutes 1 10 to 29 minutes 2 30 to 59 minutes 3 60 to 119 minutes 4 2 hours or more..... 5
	24. What is your religion?	
	No religion0 Buddhist.....1 Christian.....2 Muslim3 Spirit (religious belief in Lao).....4 Other (Specify)5 Don't know99	
	25. What is your nationality?	
	Thai1 Lao.....2 Myanmar/Burmese3 Chinese4 Other (Specify)9 Don't know99	

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26. What is your ethnic background?	Thai 1 Tai Yai 2 Akha (E-Koh) 3 Pakakeryor (Karen) 4 Lahu (Muser) 5 Lisu (Lisaw) 6 Hmong (Meaw) 7 Mien (Yao) 8 Burmese 9 Yunnan (Jin Haw) 10 Tai Lue (Tai) 11 Lao 21 Kathuic 22 Bahnaric Khmer 23 Tai Thai 24 Other (Specify) 30 Don't know 99
xi. Interview end time	[time entered automatically]
Thank you very much for participating in this survey. [give gift to respondent]	
Part V: Interviewer observations [to be completed by interviewer after interview]	
xii. Was the interview completed?	Yes 1 Yes, with difficulties 2 No 3
xiii. Was someone else present during the interview? [mark all that apply]	Survey supervisor 1 Other household or family member 2 Medical practitioner 3 Government officer 4 Other (specify) 5 No one 0
xiv. What is your evaluation of the accuracy and trustworthiness of the informant's answers?	Very good 1 Satisfactory 2 Doubtful 3 Very low 4
xv. Were there any unusual circumstances during the interview?	Please describe: _____